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Bib Data Sheet

CONFIRMATION NO. 3770

SERIAL NUMBER 10/688,904	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 435	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 11641/160
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/241,445 09/12/2002 which is a CIP of 10/097,329 03/15/2002
 and is a CIP of 10/097,351 03/15/2002 PAT 6,921,660
 and is a CIP of 10/097,306 03/15/2002
 and is a CIP of 10/097,304 03/15/2002 PAT 6,818,403
 and is a CIP of 10/097,322 03/15/2002 PAT 6,811,968
 and is a CIP of 10/097,302 03/15/2002
 and is a CIP of 09/709,776 11/08/2000 PAT 6,699,665
 and is a CIP of 10/206,112 07/29/2002 PAT 6,893,851
 This application 10/688,904
 claims benefit of 60/419,980 10/22/2002
 and claims benefit of 60/419,976 10/22/2002

NAD

** FOREIGN APPLICATIONS *****

NONE NAB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>NAB</i>				

ADDRESS

23838

TITLE

Device and method for monitoring leukocyte migration

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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